

U.S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21855**
Registrar's No. **40**

Registration District No. **276** Primary Registration District No. **4410**

1. PLACE OF DEATH
(a) County **Phelps**
(b) City or town **St James, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sam W yocoff**
(b) If veteran, name war (c) Social Security No. **1**

4. Sex **MO** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Mary W yocoff**
(c) Age of husband or wife if alive **75** years
7. Birth date of deceased **April 22 1867**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **16** If less than one day hr. min.

9. Birthplace **Phelps Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry business

12. Name **alford W yocoff**
13. Birthplace **St James, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Pearle Luster**
15. Birthplace **St James, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary W yocoff**

(b) Address **St James, Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-8-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Conv. Great Lick, Ky**

18. (a) Signature of funeral director **Great Lick, Ky**
(b) Address **St James, Mo**

19. (a) **June 24 1947** (Date received local report) (b) Registrar's signature **Cara C. Birmingham**
(City, town, or county) (State or foreign country)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Phelps**
(c) City or town **St James**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **W** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **5th**
year **1947** hour **9** minute **50 P. M.**
21. I hereby certify that I attended the deceased from **31/1947** to **June 5th 1947**
I last saw him alive on **June 5/1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**
Due to **Hypertension about 1 year**

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **838**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **C. J. Jammer** (M. D. or other)
Address **St James, Mo** Date signed **June 12/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed *Orval E. Licklider*.....

Licensed Embalmer No. *3546*.....

P. O. Address: *St. Germy mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.